

Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing Article A58720

GASTROINTESTINAL (GI) PANEL BY PCR

CPT Code: 87507

Medicare Limited Coverage Determination (LCD)

The list of ICD codes provided below is from the CMS website.

- The complete CMS policy and full list of ICD codes can be found at: <https://www.cms.gov/>
- To view the CMS Local Coverage Determination (LCD) visit the following website: [Article - Billing and Coding: MoIDX: Molecular Syndromic Panels for Infectious Disease Pathogen Identification Testing \(A58720\) \(cms.gov\)](#)
- It is the responsibility of the ordering provider to ensure appropriate diagnostic coding for a test.
- If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advanced Beneficiary Notice (ABN) form is required.

Coverage Indications, Limitations, and/or Medical Necessity

Article A58720 Text (please note this is excerpts only; full text is available on CMS website):

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: Molecular Syndromic Panels for Infectious Disease Testing Panels for Infectious Disease Testing L39001.

- ICD-10-CM diagnosis codes supporting medical necessity must be submitted with each claim. Claims submitted without such evidence will be denied as not medically necessary.
- Any diagnosis submitted must have documentation in the patient's record to support coverage and medical necessity.
- The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

This document includes:

1. [Additional conditions that apply for expanded \(>5 organisms\) GI Panel](#) Page 2
 - Allowable ordering provider by specialty
 - Immune-competent beneficiaries
 - Immune-incompetent beneficiaries
2. [Group 2 ICD10 Codes](#) Page 3
3. [Group 7 ICD10 Codes](#) Page 8

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For Expanded (>5 pathogens) GI Panels the following additional conditions apply:

1. Testing is billed according to 1 of the following:

(a) Places of service (POS) 19 (Off Campus – Outpatient Hospital), 21 (Inpatient Hospital), 22 (On Campus – Outpatient Hospital), 23 (Emergency Room – Hospital), OR

(b) The test is ordered as follows (for healthcare POS other than the POS listed in 1(a)):

(1) **For immune-competent beneficiaries**, the test must be ordered by an Infectious Disease Specialist or 1 of the following: Pulmonologist (for the RP and PNP panels) or Gastroenterologist (for the GI panels) who is diagnosing and treating the beneficiary.

(2) **For immune-compromised beneficiaries**, the test must be ordered by a clinician specialist in 1 of the following: Infectious Diseases, Oncology, Transplant (for any panel), Pulmonologist (for the RP and PNP panels), or Gastroenterologist (for the GI panels) who is diagnosing and treating the beneficiary.

(3) Regarding (1) and (2), An exception may be made in geographic locations where the specialist(s) cannot be reasonably reached by the beneficiary, and the ordering provider is located closer to the beneficiary's place of residence than the nearest specialist. We would generally expect that beneficiaries for whom the test is ordered under this exception to be living in rural locations, islands, or some other location where access to care is limited.

(4) **An ICD-10 diagnosis code from [Group 7](#) must be on the claim, *in addition to the sign or symptom (from [Group 2](#)) for which there is suspicion of gastrointestinal illness in order to bill for the GI panels.* See the specific instructions in Group 7 below. The exception to this is testing that is performed as part of a pre-transplant evaluation of an immune-compromised beneficiary, regardless of the presence of symptoms. In such cases, clear documentation of the pre-transplant evaluation must accompany the claim.**

The expanded/targeted panel distinction is not applicable to all panels, except as otherwise indicated in the related policy.

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ICD-10-CM Codes that Support Medical Necessity

Group 2

(115 Codes)

Group 2 Paragraph

One of the following diagnosis codes must be on the claim to bill for:

Target Gastrointestinal Panels

Group 2 Codes

Code	Group 2 Code: Description
A00.0	Cholera due to <i>Vibrio cholerae</i> 01, biovar cholerae
A00.1	Cholera due to <i>Vibrio cholerae</i> 01, biovar eltor
A00.9	Cholera, unspecified
A01.00	Typhoid fever, unspecified
A01.09	Typhoid fever with other complications
A01.1	Paratyphoid fever A
A01.2	Paratyphoid fever B
A01.3	Paratyphoid fever C
A02.0	Salmonella enteritis
A02.1	Salmonella sepsis
A02.8	Other specified salmonella infections
A03.0	Shigellosis due to <i>Shigella dysenteriae</i>
A03.1	Shigellosis due to <i>Shigella flexneri</i>
A03.2	Shigellosis due to <i>Shigella boydii</i>
A03.3	Shigellosis due to <i>Shigella sonnei</i>
A03.8	Other shigellosis
A04.0	Enteropathogenic <i>Escherichia coli</i> infection
A04.1	Enterotoxigenic <i>Escherichia coli</i> infection
A04.2	Enteroinvasive <i>Escherichia coli</i> infection
A04.3	Enterohemorrhagic <i>Escherichia coli</i> infection
A04.5	<i>Campylobacter</i> enteritis
A04.6	Enteritis due to <i>Yersinia enterocolitica</i>
A04.71	Enterocolitis due to <i>Clostridium difficile</i> , recurrent

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Code	Group 2 Code: Description
A04.72	Enterocolitis due to Clostridium difficile, not specified as recurrent
A04.8	Other specified bacterial intestinal infections
A04.9	Bacterial intestinal infection, unspecified
A05.0	Foodborne staphylococcal intoxication
A05.1	Botulism food poisoning
A05.2	Foodborne Clostridium perfringens [Clostridium welchii] intoxication
A05.3	Foodborne Vibrio parahaemolyticus intoxication
A05.4	Foodborne Bacillus cereus intoxication
A05.5	Foodborne Vibrio vulnificus intoxication
A06.0	Acute amebic dysentery
A06.1	Chronic intestinal amebiasis
A06.2	Amebic nondysenteric colitis
A07.1	Giardiasis [lambliasis]
A07.2	Cryptosporidiosis
A07.4	Cyclosporiasis
A08.0	Rotaviral enteritis
A08.11	Acute gastroenteropathy due to Norwalk agent
A08.19	Acute gastroenteropathy due to other small round viruses
A08.2	Adenoviral enteritis
A08.31	Calicivirus enteritis
A08.32	Astrovirus enteritis
A08.39	Other viral enteritis
A08.8	Other specified intestinal infections
A09	Infectious gastroenteritis and colitis, unspecified
A32.11	Listerial meningitis
A32.12	Listerial meningoencephalitis
A32.7	Listerial sepsis
A41.50	Gram-negative sepsis, unspecified
A41.51	Sepsis due to Escherichia coli [E. coli]
A41.52	Sepsis due to Pseudomonas
A41.53	Sepsis due to Serratia
A41.59	Other Gram-negative sepsis
A41.81	Sepsis due to Enterococcus

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Code	Group 2 Code: Description
A41.89	Other specified sepsis
A41.9	Sepsis, unspecified organism
D59.30	Hemolytic-uremic syndrome, unspecified
D59.31	Infection-associated hemolytic-uremic syndrome
K35.200	Acute appendicitis with generalized peritonitis, without perforation or abscess
K35.201	Acute appendicitis with generalized peritonitis, with perforation, without abscess
K35.209	Acute appendicitis with generalized peritonitis, without abscess, unspecified as to perforation
K35.210	Acute appendicitis with generalized peritonitis, without perforation, with abscess
K35.211	Acute appendicitis with generalized peritonitis, with perforation and abscess
K35.219	Acute appendicitis with generalized peritonitis, with abscess, unspecified as to perforation
K50.014	Crohn's disease of small intestine with abscess
K50.114	Crohn's disease of large intestine with abscess
K50.814	Crohn's disease of both small and large intestine with abscess
K50.914	Crohn's disease, unspecified, with abscess
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.214	Ulcerative (chronic) proctitis with abscess
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.414	Inflammatory polyps of colon with abscess
K51.514	Left sided colitis with abscess
K51.814	Other ulcerative colitis with abscess
K51.914	Ulcerative colitis, unspecified with abscess
K52.1	Toxic gastroenteritis and colitis
K56.0	Paralytic ileus
K63.8211	Small intestinal bacterial overgrowth, hydrogen-subtype
K63.8212	Small intestinal bacterial overgrowth, hydrogen sulfide-subtype
K63.8219	Small intestinal bacterial overgrowth, unspecified
K63.822	Small intestinal fungal overgrowth
K63.829	Intestinal methanogen overgrowth, unspecified
K92.1	Melena
M31.19	Other thrombotic microangiopathy
R10.0	Acute abdomen
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain

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Code	Group 2 Code: Description
R10.13	Epigastric pain
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain
R10.811	Right upper quadrant abdominal tenderness
R10.812	Left upper quadrant abdominal tenderness
R10.813	Right lower quadrant abdominal tenderness
R10.814	Left lower quadrant abdominal tenderness
R10.815	Periumbilic abdominal tenderness
R10.817	Generalized abdominal tenderness
R10.821	Right upper quadrant rebound abdominal tenderness
R10.822	Left upper quadrant rebound abdominal tenderness
R10.823	Right lower quadrant rebound abdominal tenderness
R10.824	Left lower quadrant rebound abdominal tenderness
R10.825	Periumbilic rebound abdominal tenderness
R10.826	Epigastric rebound abdominal tenderness
R10.827	Generalized rebound abdominal tenderness
R10.829	Rebound abdominal tenderness, unspecified site
R10.84	Generalized abdominal pain
R19.5	Other fecal abnormalities
R19.7	Diarrhea, unspecified
R50.9	Fever, unspecified
R65.20	Severe sepsis without septic shock
R65.21	Severe sepsis with septic shock
R78.81	Bacteremia
T86.852	Intestine transplant infection

Group 7 (161 Codes)

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Group 7 Paragraph

These are the diagnosis codes corresponding to coverage of **CPT/HCPCS Codes Group 7: Codes - Expanded (>5 pathogens) Gastrointestinal Panels**.

For testing in POS other than POS 19, 21, 22 or 23, to bill one of the Group 7 CPT codes, **TWO** ICD-10 codes are required- one from Group 7 and another from Group 2.

For immunocompromised patients, testing may be performed as part of a pre-transplant evaluation (once per transplant), regardless of the presence of symptoms. In such cases, clear documentation of the pre-transplant evaluation must accompany the claim.

Group 7 Codes

Code	Group 7 Codes: Description
B20	Human immunodeficiency virus [HIV] disease
B25.1	Cytomegaloviral hepatitis
B25.2	Cytomegaloviral pancreatitis
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.3	Idiopathic aplastic anemia
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.811	Other drug-induced pancytopenia
D61.818	Other pancytopenia
D61.82	Myelophthisis
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D61.9	Aplastic anemia, unspecified

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Code	Group 7 Codes: Description
D64.81	Anemia due to antineoplastic chemotherapy
D64.89	Other specified anemias
D70.0	Congenital agranulocytosis
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.2	Other drug-induced agranulocytosis
D70.3	Neutropenia due to infection
D70.4	Cyclic neutropenia
D70.9	Neutropenia, unspecified
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.30	Adenosine deaminase deficiency, unspecified
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase deficiency
D81.4	Nezelof's syndrome
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.810	Biotinidase deficiency
D81.818	Other biotin-dependent carboxylase deficiency
D81.82	Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified

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Code	Group 7 Codes: Description
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
D84.821	Immunodeficiency due to drugs
D84.822	Immunodeficiency due to external causes
D84.89	Other immunodeficiencies
D84.9	Immunodeficiency, unspecified
D89.0	Polyclonal hypergammaglobulinemia
D89.1	Cryoglobulinemia
D89.3	Immune reconstitution syndrome
D89.41	Monoclonal mast cell activation syndrome
D89.42	Idiopathic mast cell activation syndrome
D89.43	Secondary mast cell activation
D89.44	Hereditary alpha tryptasemia
D89.49	Other mast cell activation disorder
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy

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Code	Group 7 Codes: Description
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.018	Crohn's disease of small intestine with other complication
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.118	Crohn's disease of large intestine with other complication
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.818	Crohn's disease of both small and large intestine with other complication
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.918	Crohn's disease, unspecified, with other complication
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.411	Inflammatory polyps of colon with rectal bleeding

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Code	Group 7 Codes: Description
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.818	Other ulcerative colitis with other complication
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.918	Ulcerative colitis, unspecified with other complication
K52.0	Gastroenteritis and colitis due to radiation
K56.3	Gallstone ileus
K62.7	Radiation proctitis
O98.711	Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester
O98.712	Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester
O98.713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester
T80.82XS	Complication of immune effector cellular therapy, sequela
Z51.11	Encounter for antineoplastic chemotherapy
Z92.850	Personal history of Chimeric Antigen Receptor T-cell therapy
Z92.858	Personal history of other cellular therapy
Z92.86	Personal history of gene therapy
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status

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Code	Group 7 Codes: Description
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status
Z94.89	Other transplanted organ and tissue status

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